

REPORT TO THE BEHAVIORAL HEALTH OVERSIGHT COMMISSION

November 18, 2005

**NEBRASKA HEALTH AND HUMAN
SERVICES SYSTEM**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



AGENDA

1. BEHAVIORAL HEALTH SYSTEM PERFORMANCE

- **EPC Admissions**
- **Inpatient Services**
- **Community Services**

2. CONSUMER SURVEY FY2005

3. MEDICAID

4. CONSUMER INVOLVEMENT

5. TRANSITION TO RECOVERY

BEHAVIORAL HEALTH SYSTEM PERFORMANCE

- **EPC Admissions**

EPC Admissions by Region

FY02, FY03, FY04, FY05, Q1 FY06

Region	FY02	FY03	FY04	FY05	Q1 FY06
Region 1	269	221	231	*245	52
Region 2	169	155	153	154	46
Region 3	543	550	520	510	147
Region 4	646	496	496	451	119
Region 5	744	834	798	850	239
Region 6	559	457	403	452	78
Total	2930	2713	2601	2662	681

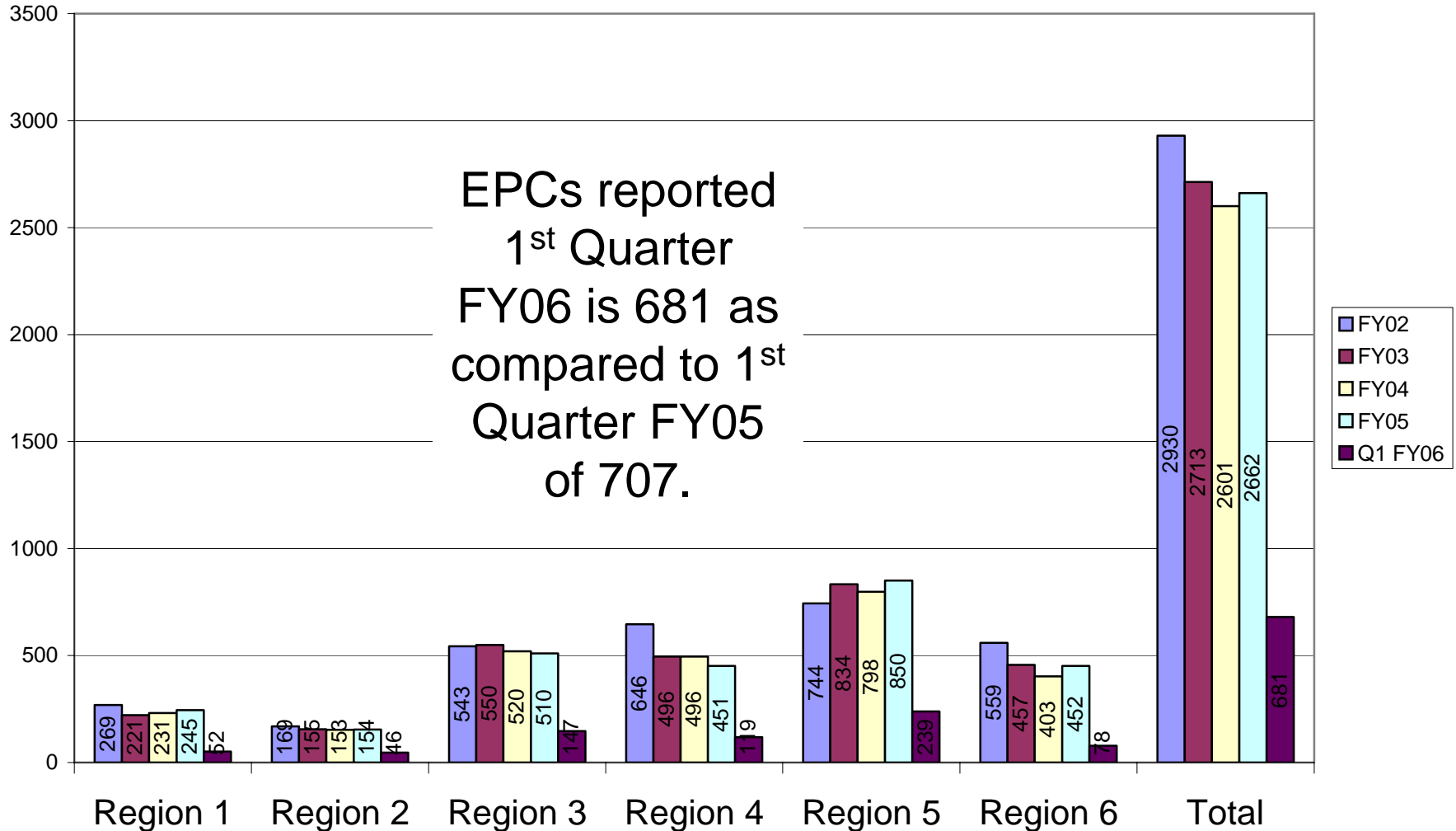
Data Source: Regional Administration and Magellan Behavioral Health

FY05 Data Run Date: Oct 7, 2005

* FY 04 Amended by Region 1 to reflect full year data.

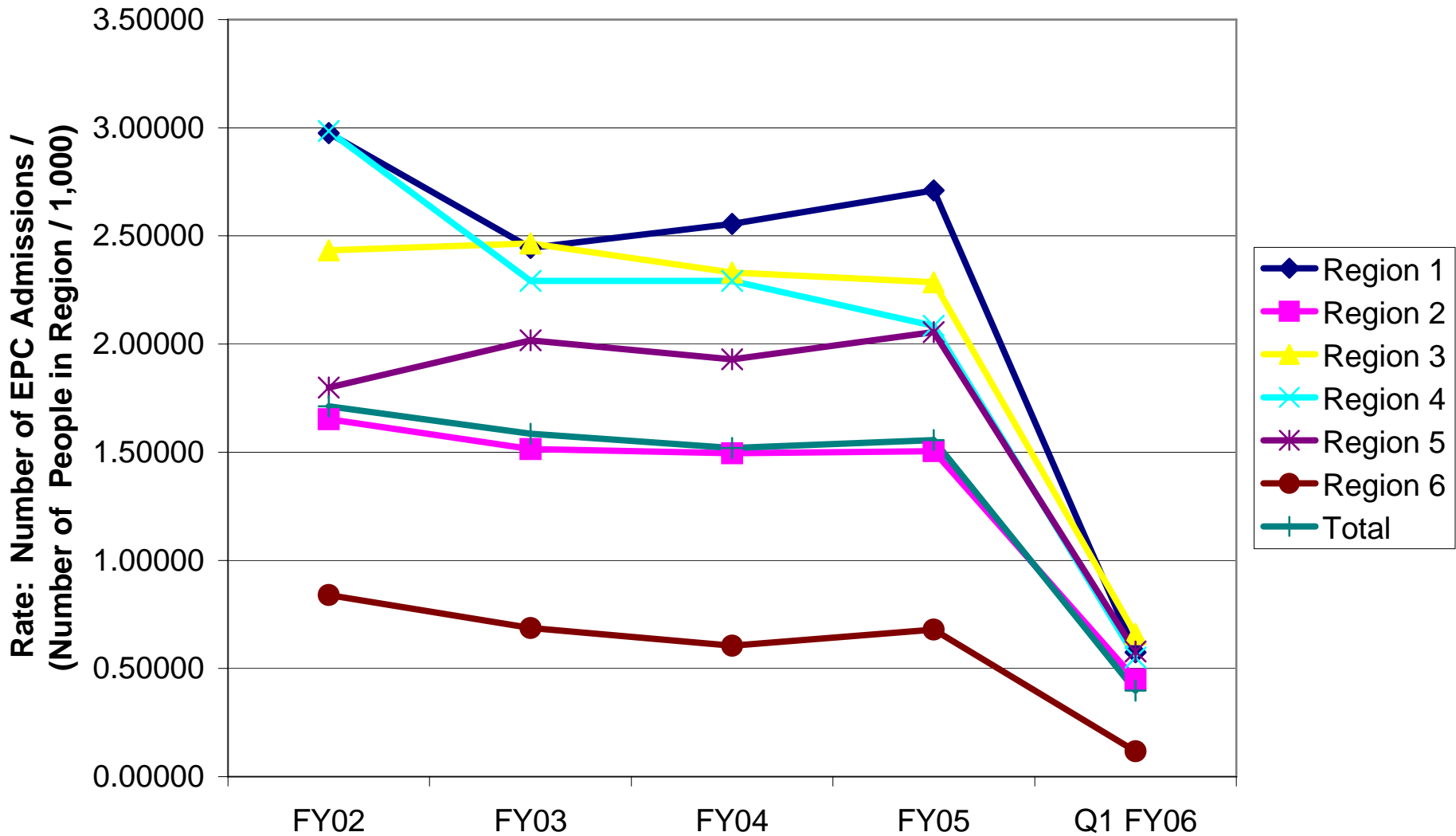
** FY 05 Amended by Region 1 - Double data entry of admissions being corrected

EPC Admissions by Region



EPC Admissions Per 1,000 People in Region

Population Determined by Official Census 2000



INPATIENT SERVICES REGIONAL CENTER DATA

- MHB Commitments – RC “Reform” Units by Fiscal Year
- MHB Commitments –RC “Reform” Units by Month
- Wait Lists – RC
- Admissions / Census – “Reform” Units
- Discharge Living Arrangements – “Reform” Units

Mental Health Board Commitment Admissions to Behavioral Health Reform Units* by Region

Excludes Adolescent, Forensic and Sex Offender Units

FY02, FY03, FY04, FY05, Q1 FY06

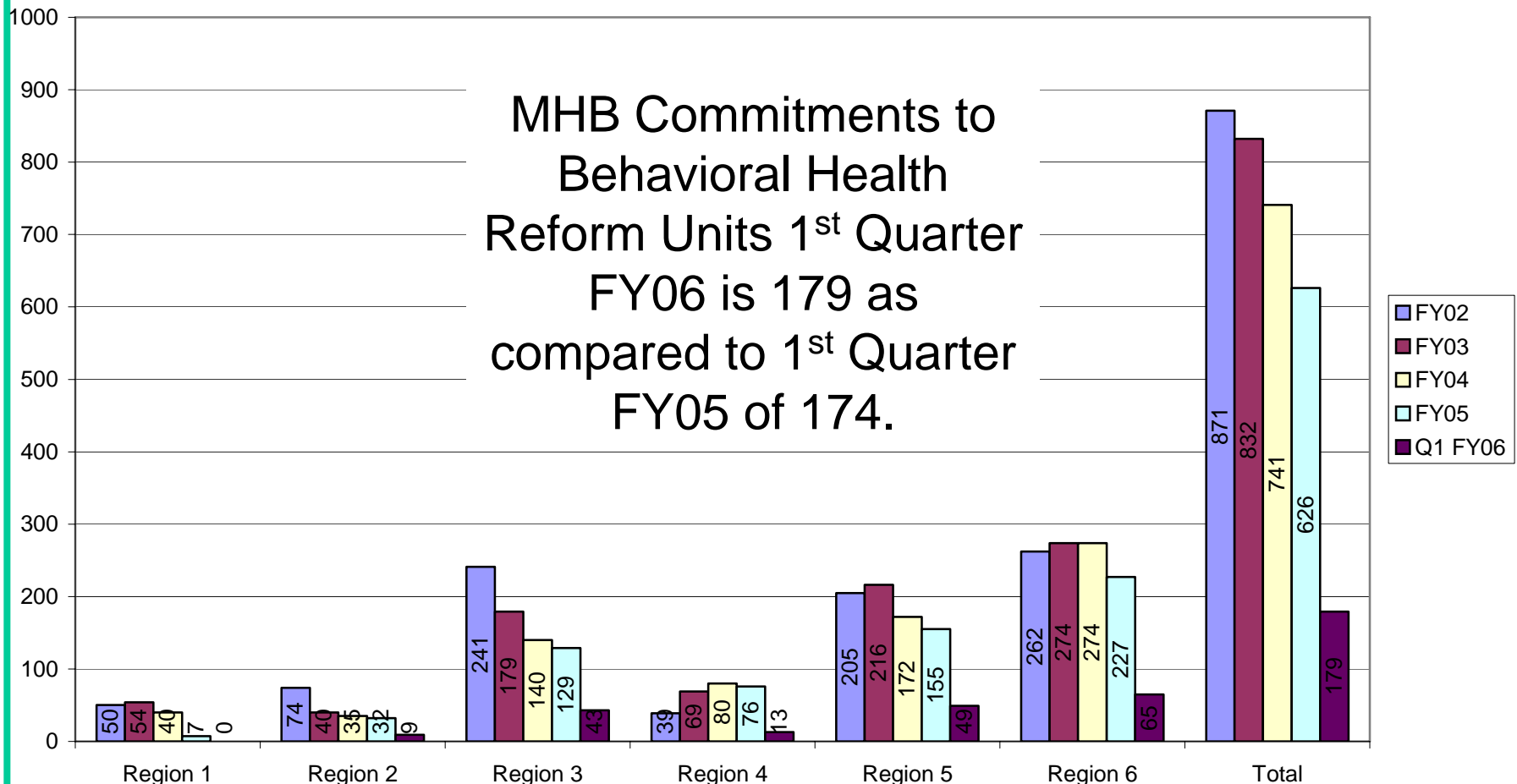
Region	FY02	FY03	FY04	FY05	Q1 FY06
Region 1	50	54	40	7	0
Region 2	74	40	35	32	9
Region 3	241	179	140	129	43
Region 4	39	69	80	76	13
Region 5	205	216	172	155	49
Region 6	262	274	274	227	65
Total	871	832	741	626	179

Data Source: AIMS

* Behavioral Health Reform Units includes inpatient and residential units at LRC, NRC, and HRC, but excludes Adolescent, Forensic and Sex Offender units

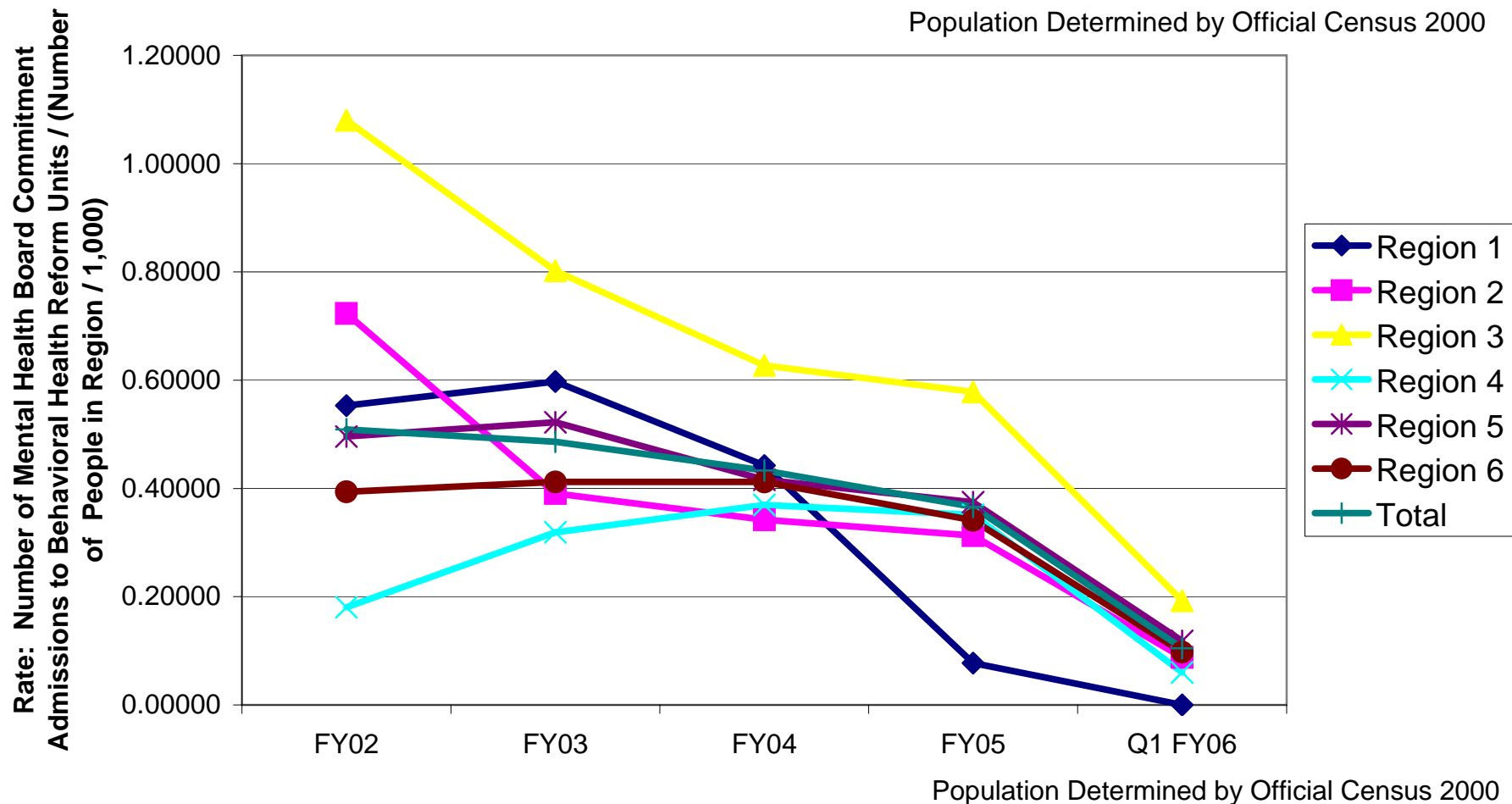
Mental Health Board Commitment Admissions to Behavioral Health Reform Units by Region

Excludes Adolescent, Forensic and Sex Offender Units



Mental Health Board Commitment Admissions to Behavioral Health Reform Units per 1,000 People in Region

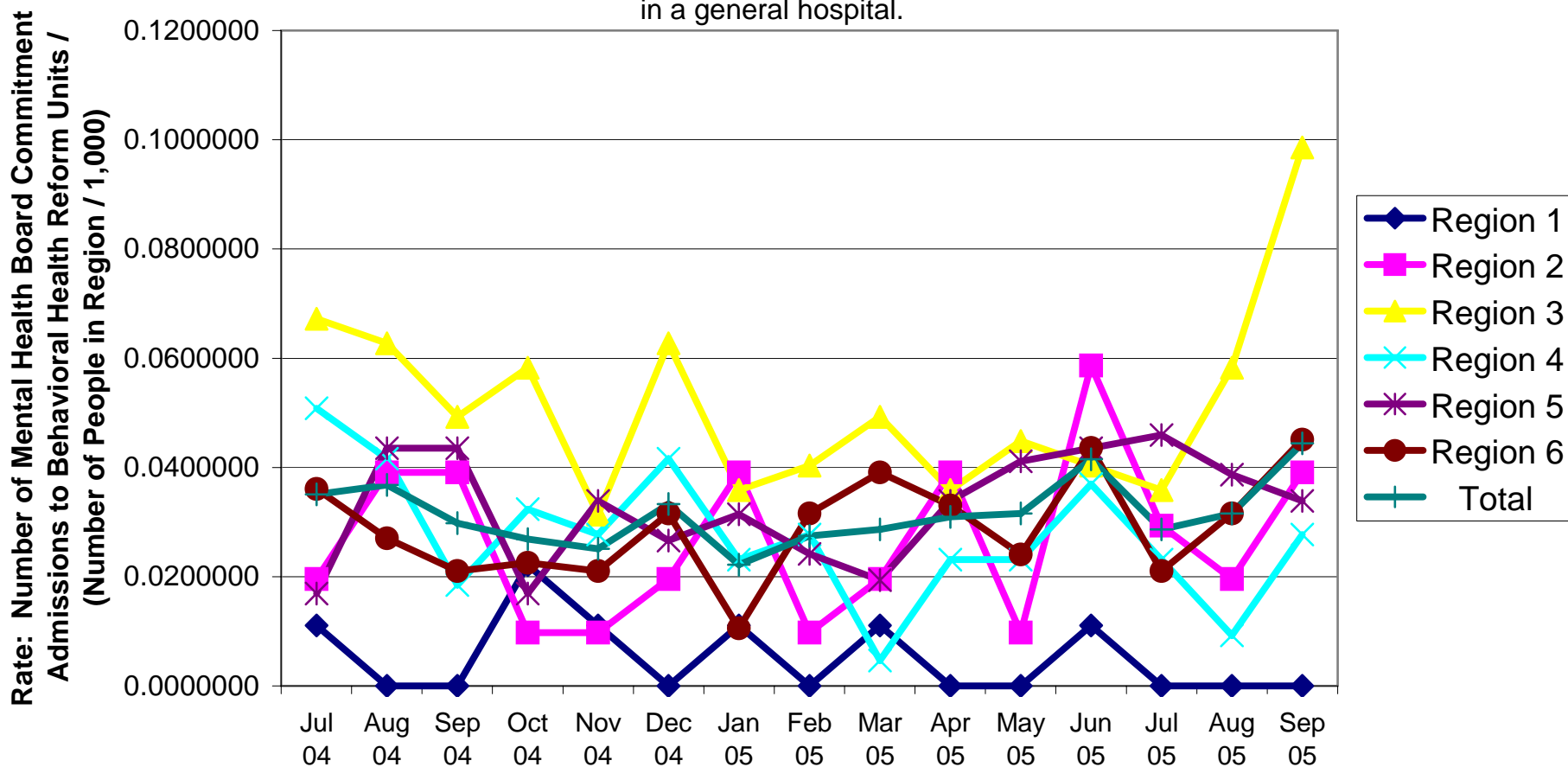
Excludes Adolescent, Forensic and Sex Offender Units



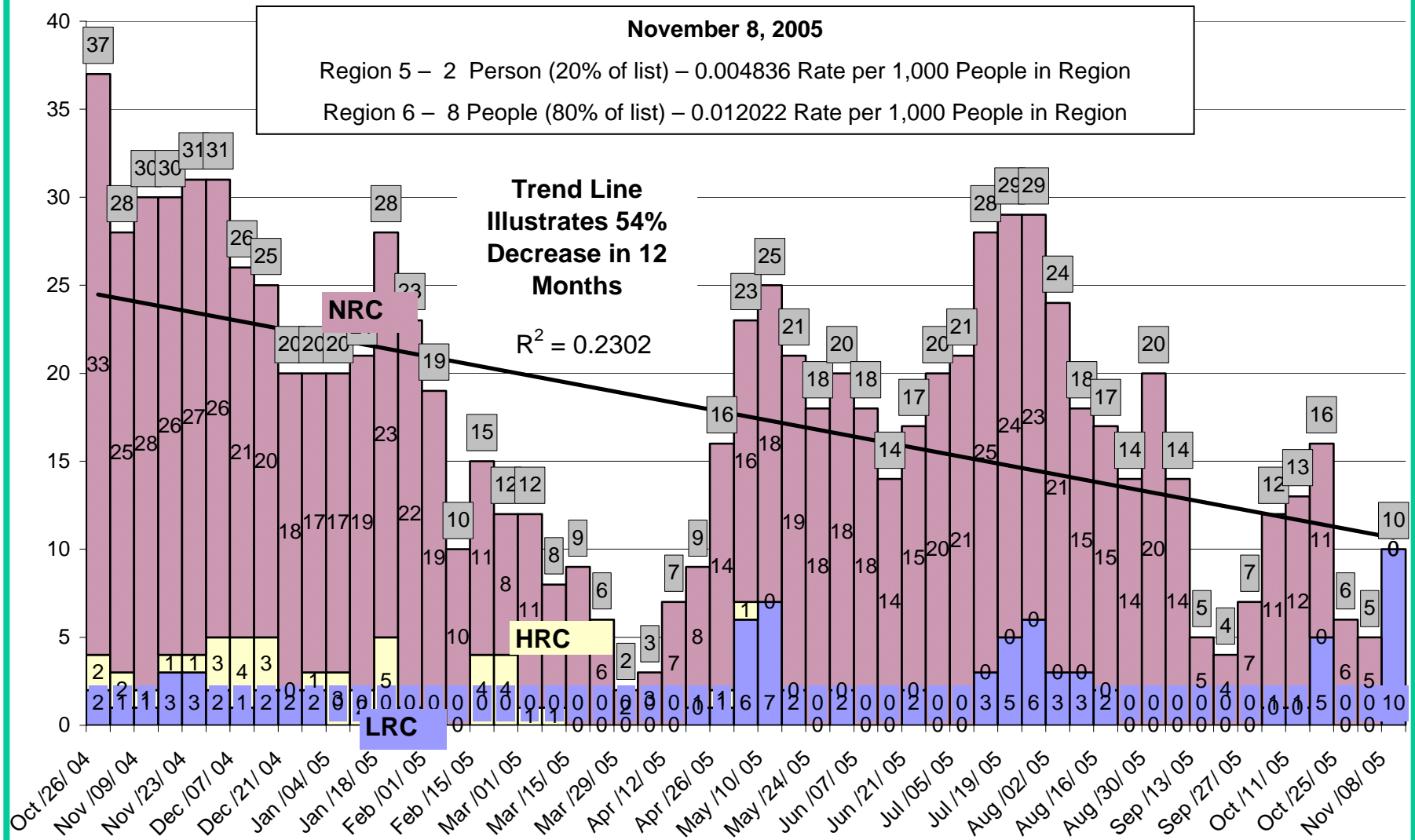
Monthly Mental Health Board Commitment Admissions to Behavioral Health Reform Units per 1,000 People in Region

Excludes Adolescent, Forensic and Sex Offender Units

Does not include transfers or referrals between regional centers and persons returning from treatment in a general hospital.



Regional Center Waiting List



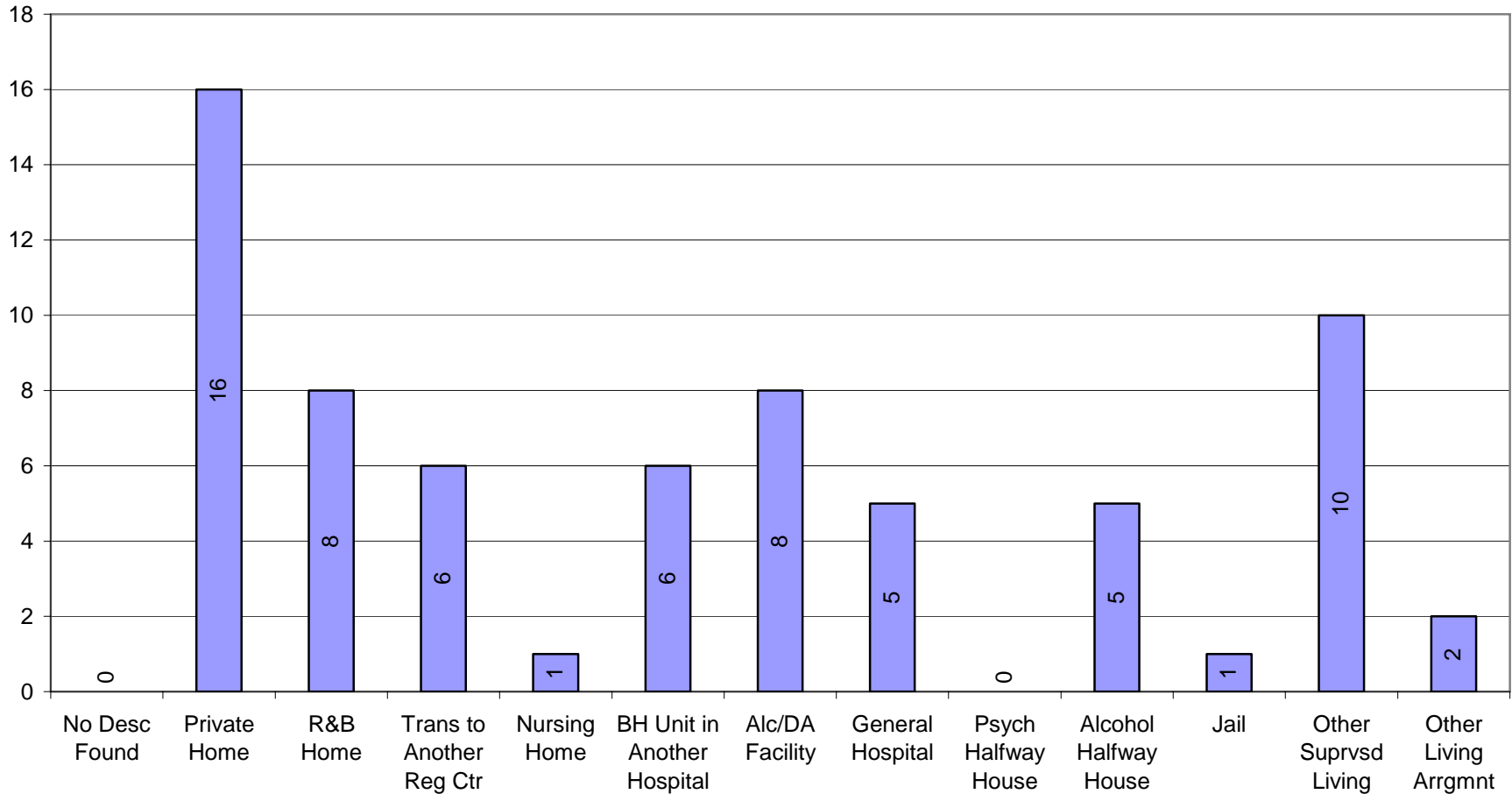
Regional Center Census –September 30, 2005

Excludes: Adolescent, Forensic and Sex Offender Units

Regional Center	Admissions	Census
Hastings Regional Center		
Residential Rehab	24	38
Lincoln Regional Center		
Short Term Care	23	43
Community Transition	0	39
Norfolk Regional Center		
Geriatric Medical – 1W	0	33
SPMI, Male – 2E	1	37
SPMI, Mixed – 3E	0	37
Transition / Rehabilitation – 2W	1	36
Admissions – 3W	33	36
TOTAL	82	299

September Discharge Living Arrangements from Behavioral Health Reform Units

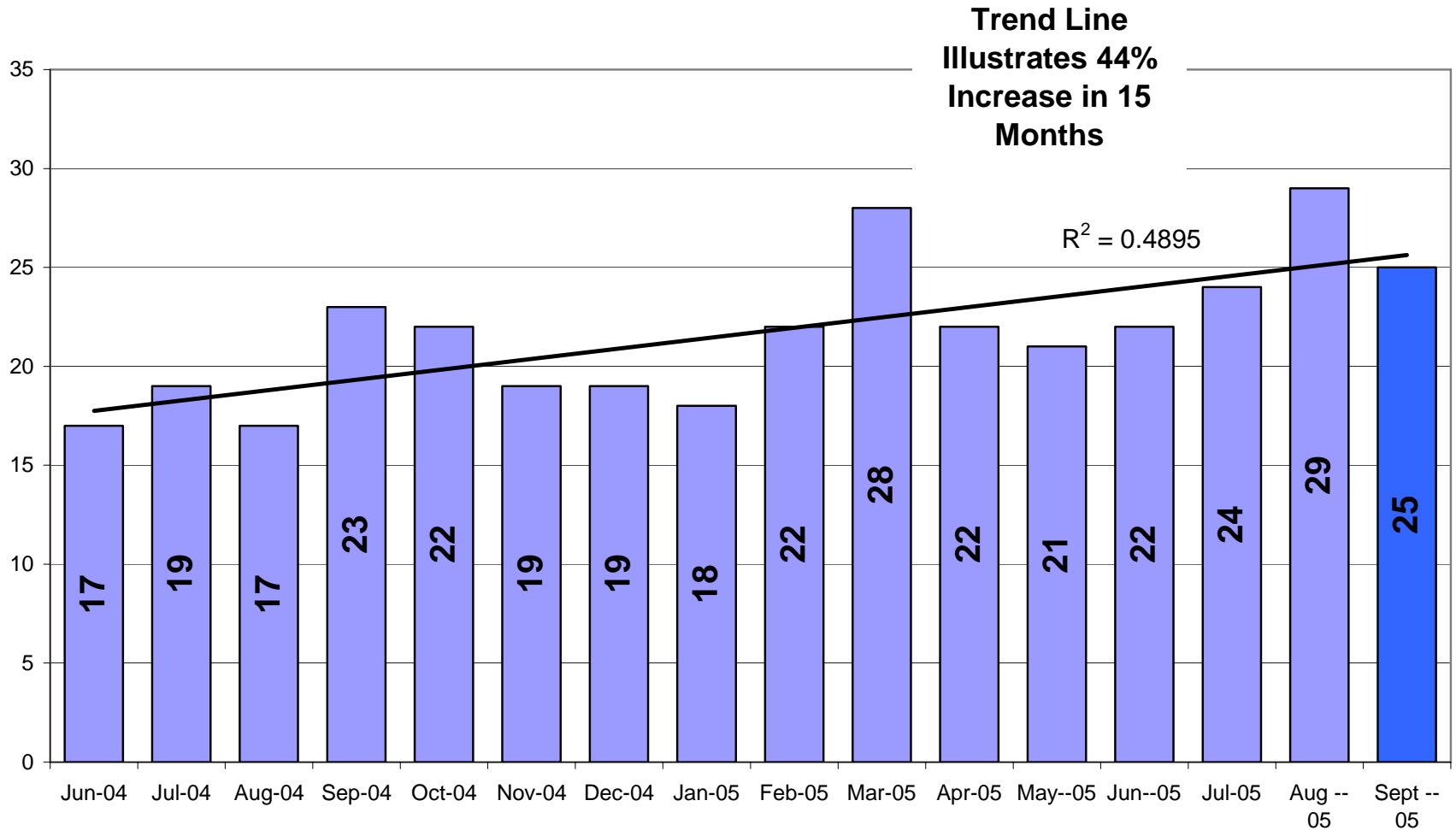
Excludes: Adolescent, Forensic and Sex Offender Units



Community Services

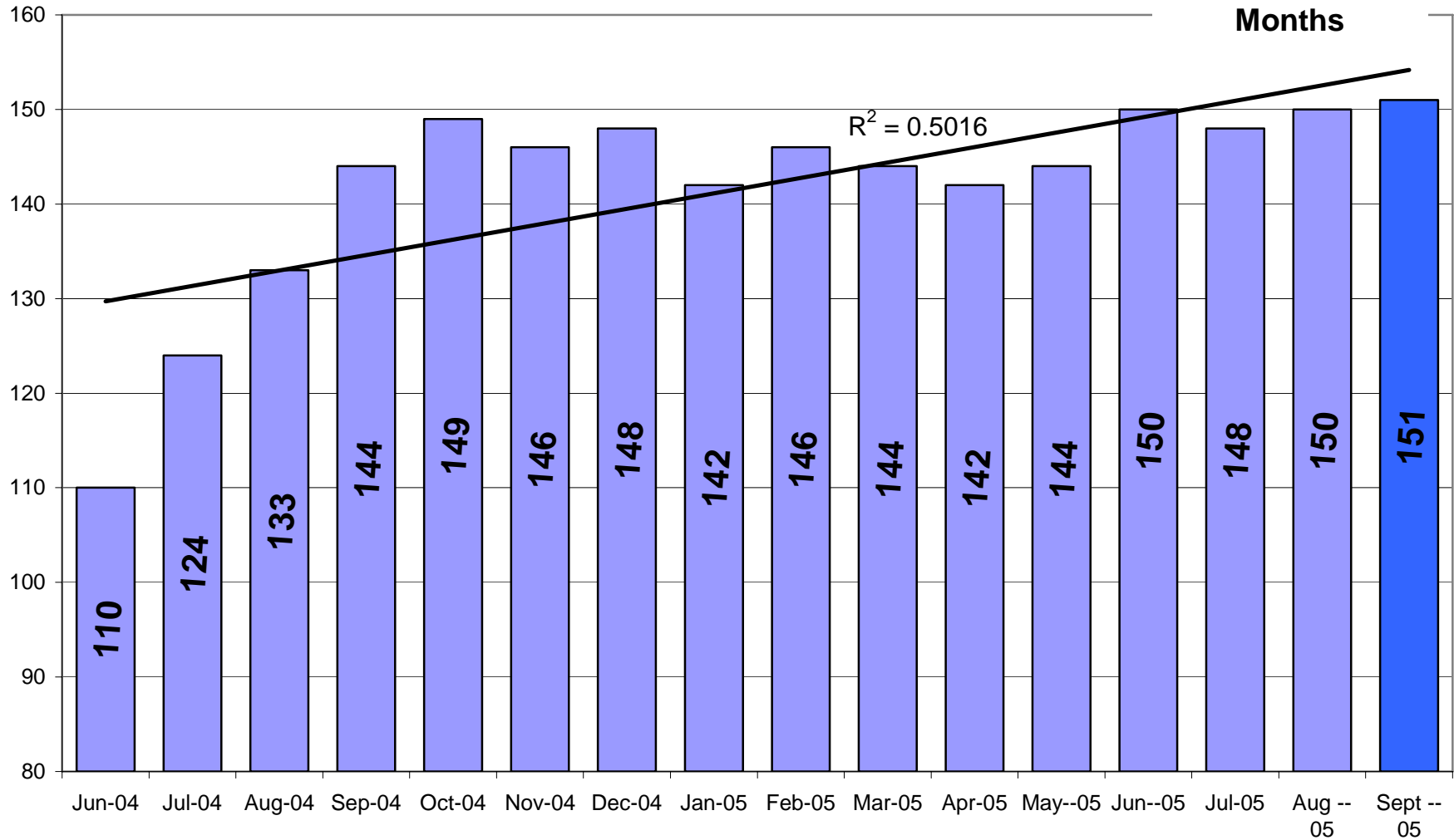
- Development of Community-based Services
 - Progress Reports
- Number of People Served
 - Dual Residential – 44% Increase
 - Assertive Community Treatment – 18% Increase
 - Community Support - Mental Health – 20% Increase
 - Community Support - Substance Abuse – 15% Increase
 - Short Term Residential – 11% Increase
 - Day Rehabilitation – 8% Increase
 - Psychiatric Residential Rehabilitation – 16% Increase
 - Total People Served (Duplicated) in Community Services – 15% Increase

People Served Per Month in Dual Residential Services

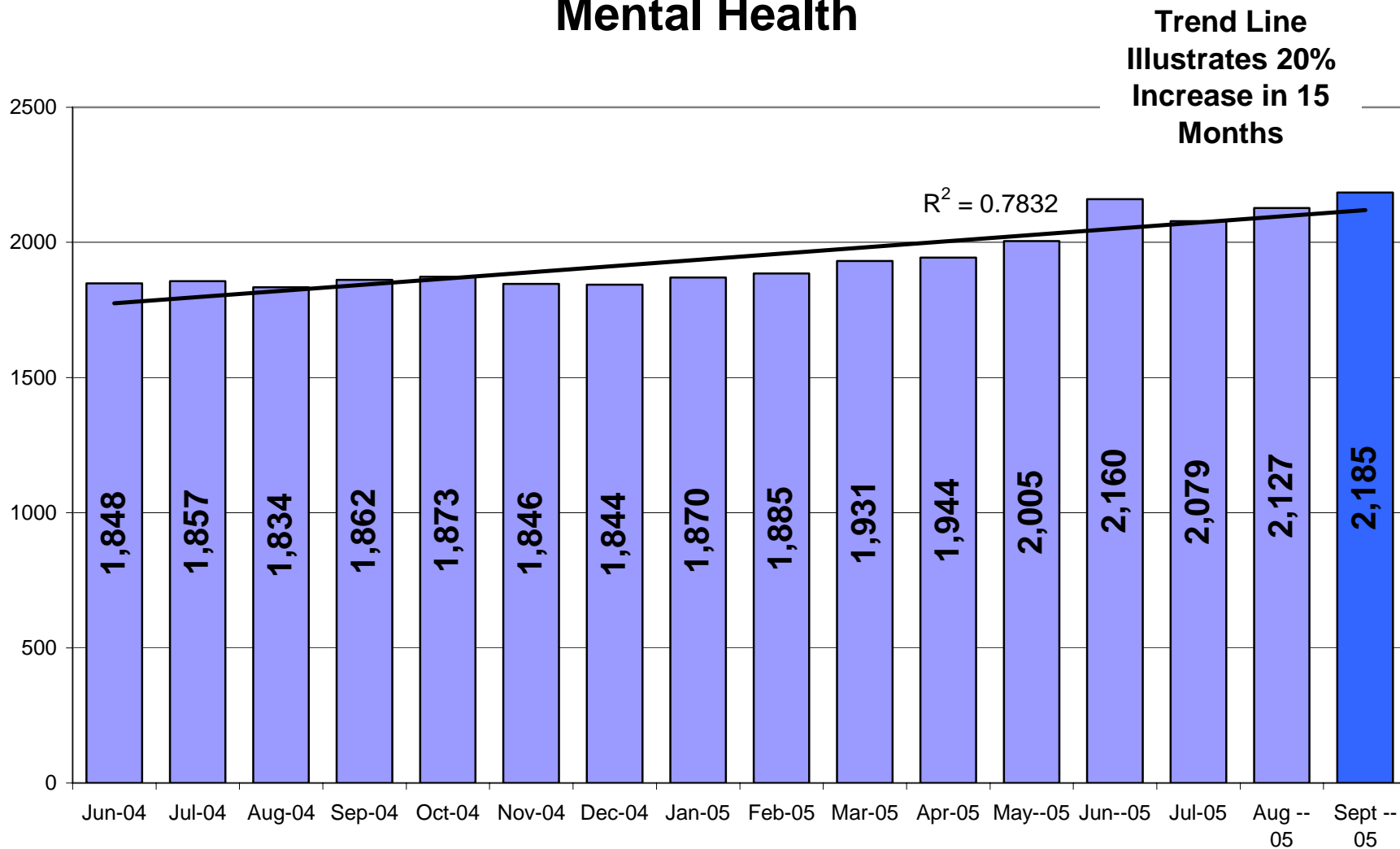


People Served Per Month in ACT

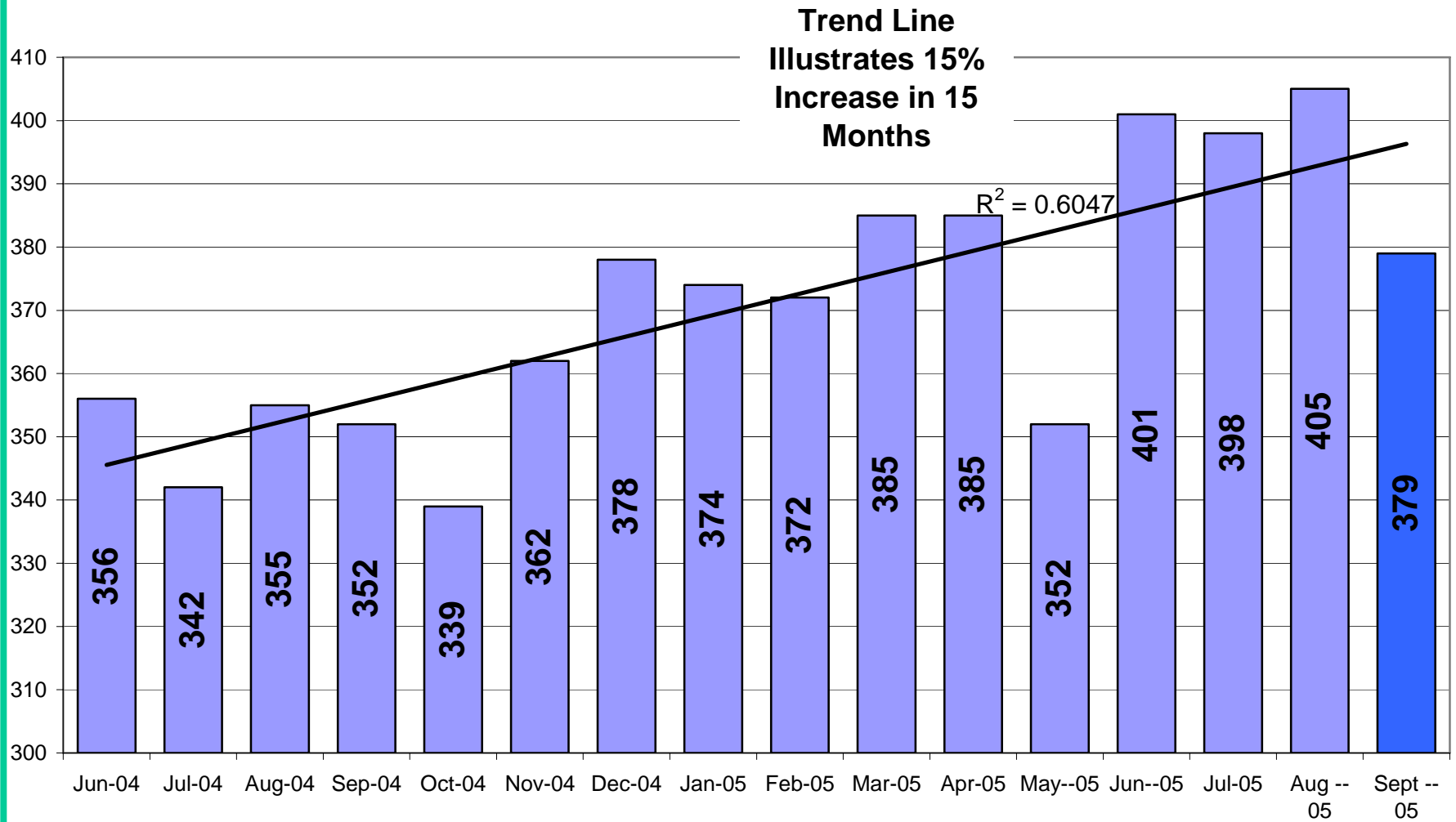
Trend Line
Illustrates 18%
Increase in 15
Months



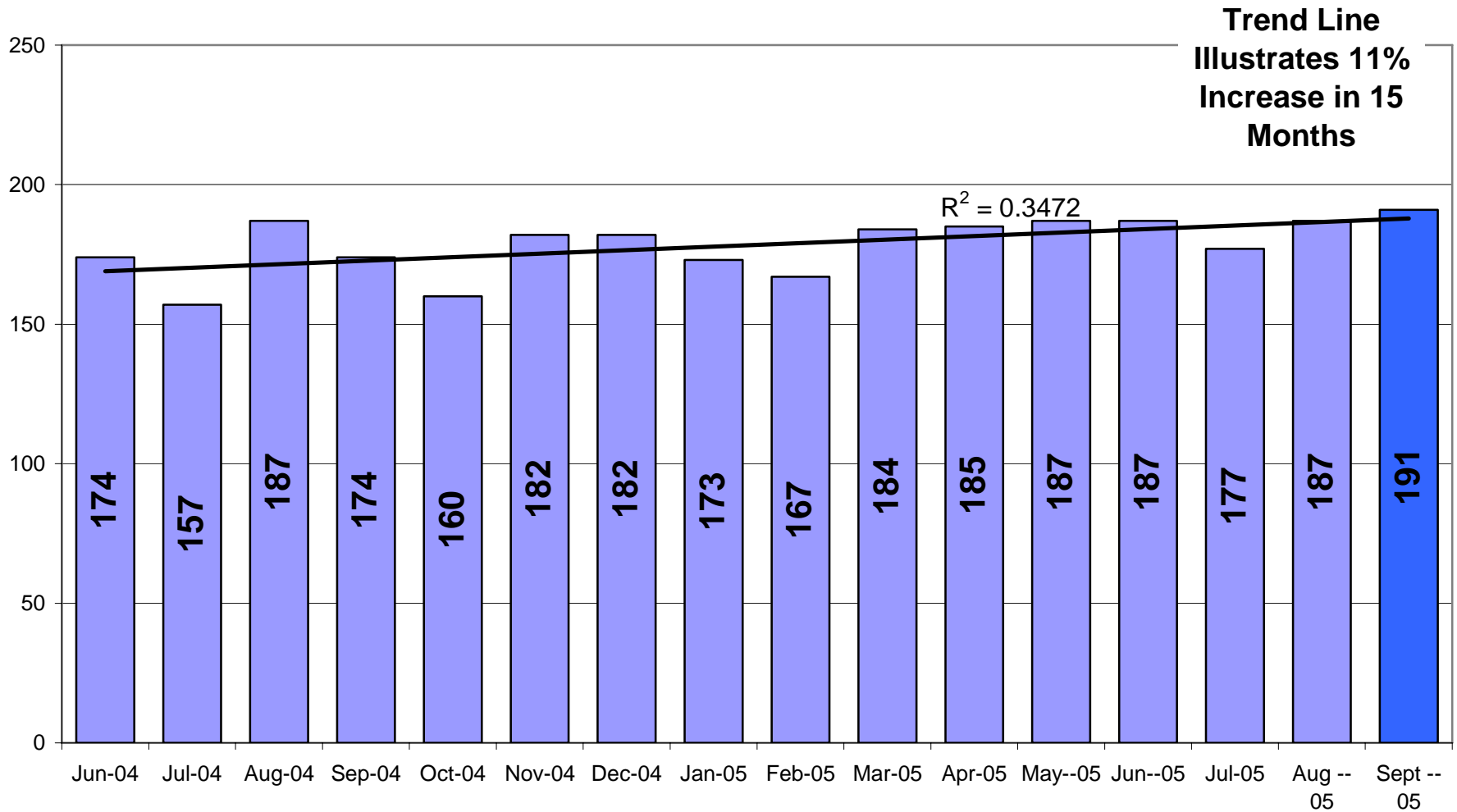
People Served Per Month in Community Support - Mental Health



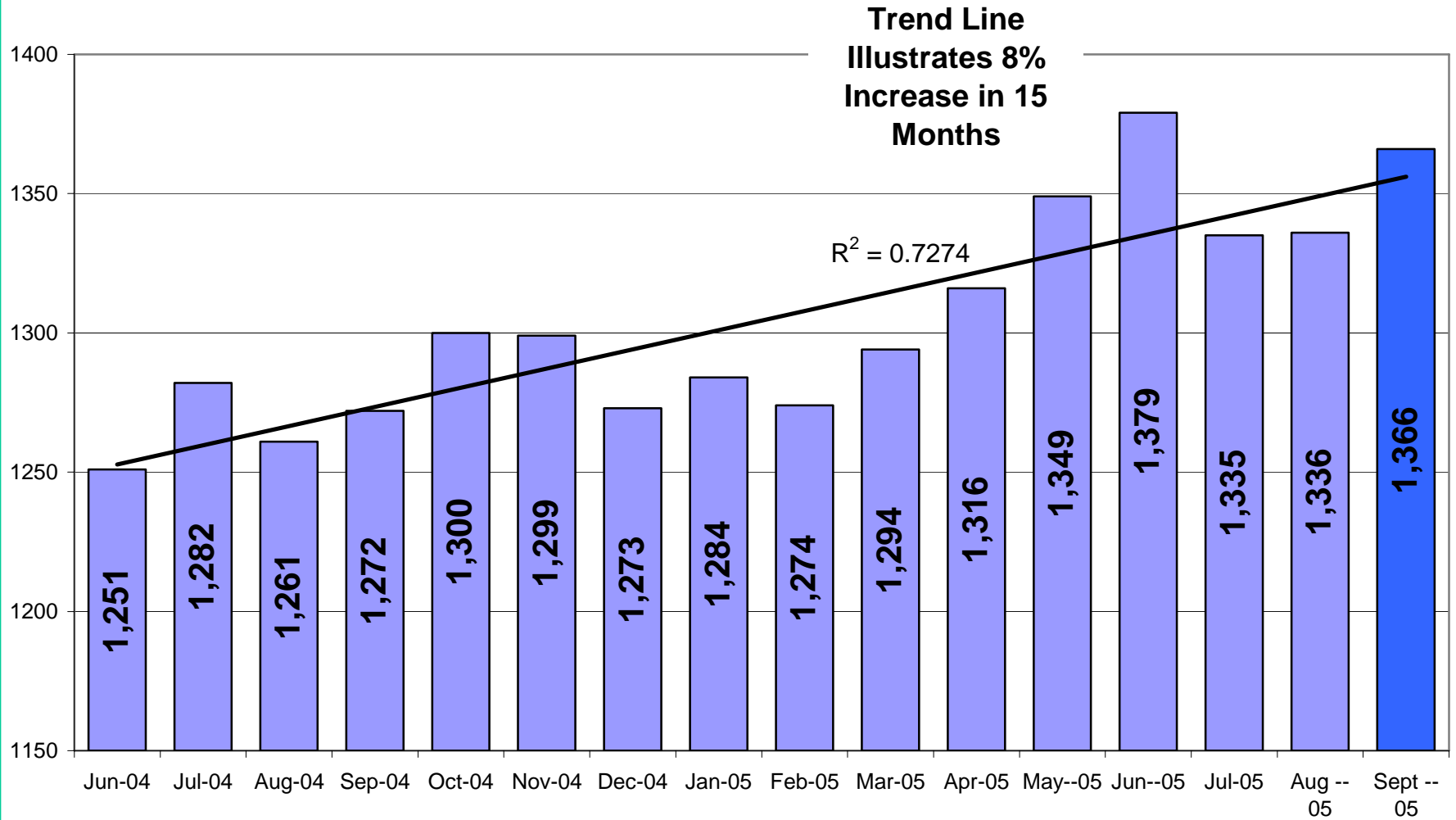
People Served Per Month in Community Support - Substance Abuse



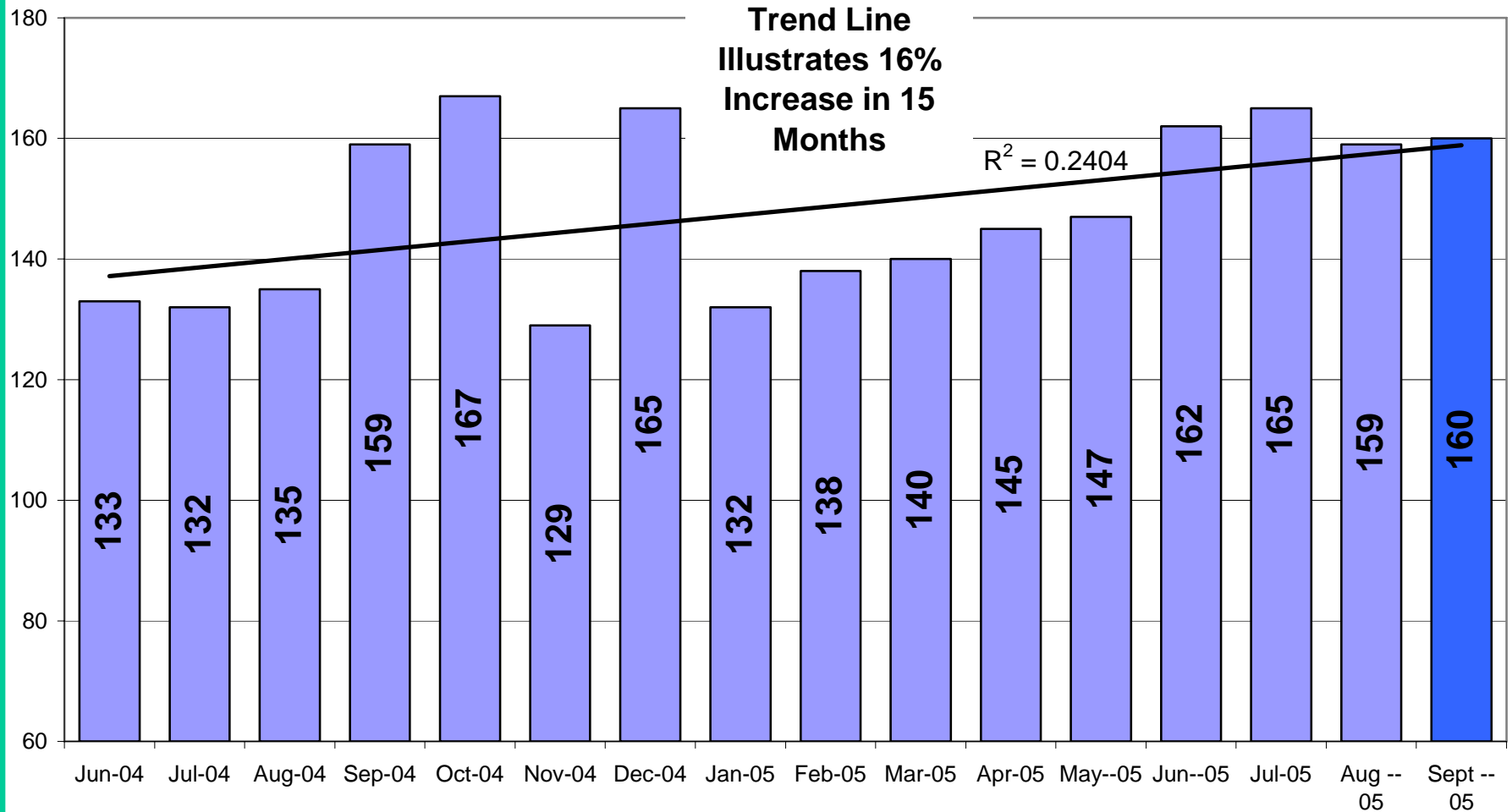
People Served Per Month in Short Term Residential



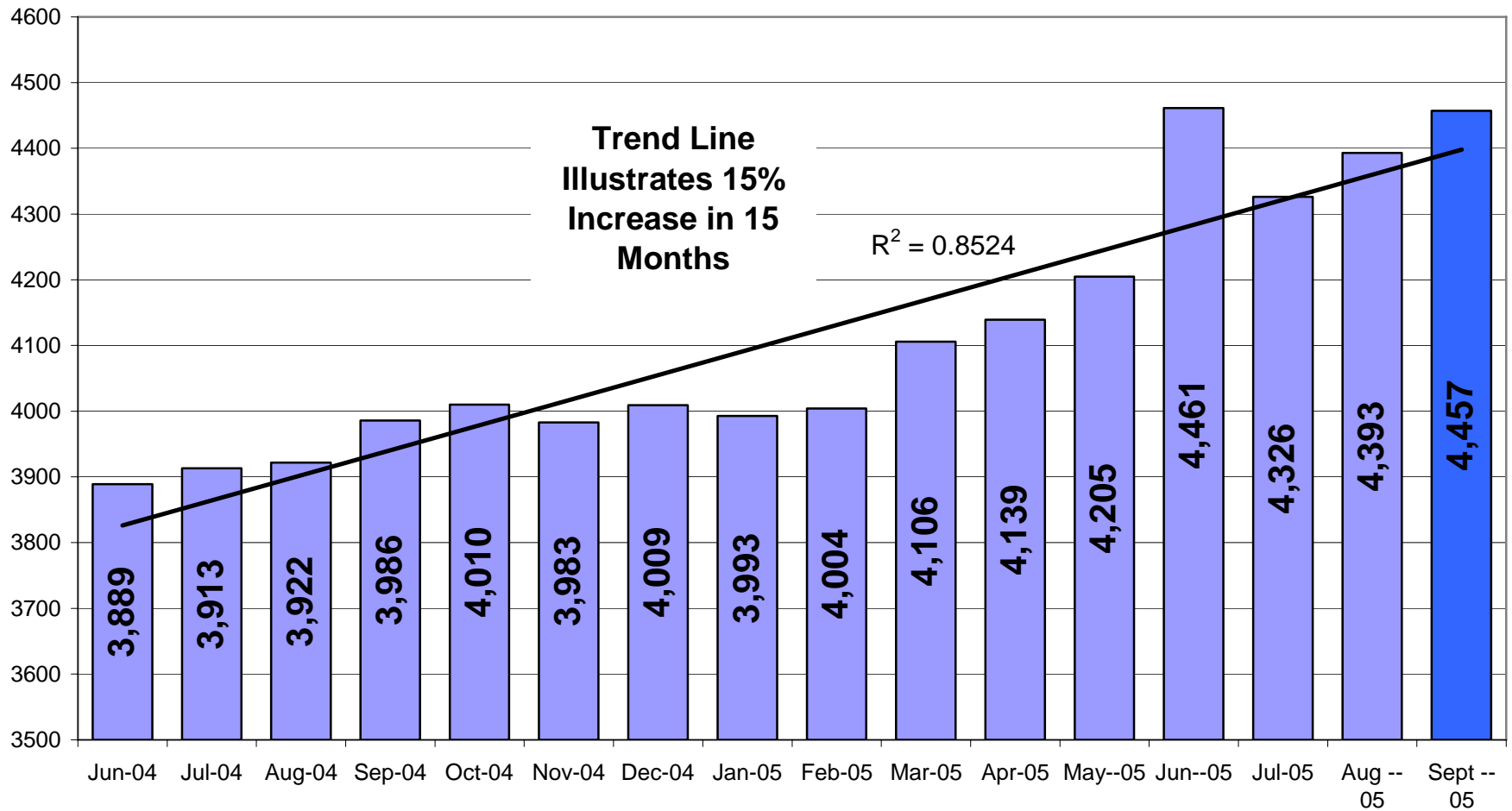
People Served Per Month in Day Rehabilitation Services



People Served Per Month in Psychiatric Residential Rehabilitation



Total People Served (Duplicated) Per Month in Community Services



NE Behavioral Health Consumer Survey FY2005

Federal Uniform Reporting System / Community Mental Health Services Block Grant
Table 11.

Report Year (Year Survey was Conducted): 2005

State Identifier: NE Report to the Federal Center for Mental Health Services

	Number of Positive Responses	Total Number of Responses	Percent (%) Reporting Positive Responses
Adult Consumer Survey Results:			
1. Reporting Positively About Access.	701	742	94%
2. Reporting Positively About Quality and Appropriateness for Adults	711	730	97%
3. Reporting Positively About Outcomes.	669	732	91%
4. Adults Reporting on Participation In Treatment Planning.	673	711	95%
5. Adults Positively about General Satisfaction with Services.	675	747	90%

	Number of Positive Responses	Total Number of Responses	Percent (%) Reporting Positive Responses
Child/Adolsecent Consumer Survey Results:			
1. Reporting Positively About Access.	222	235	94%
2. Reporting Positively about General Satisfaction for Children.	205	235	87%
3. Reporting Positively about Outcomes for Children.	200	235	85%
4. Family Members Reporting on Participation In Treatment Planning for their Children	201	235	86%
5. Family Members Reporting High Cultural Sensitivity of Staff. (Optional)	220	235	94%

NE Behavioral Health Consumer Survey FY2005

Sample Size and Response Rate	Adult Survey	Child/Family Survey	Totals
a. Based on a random sample, the number of Surveys Attempted (sent out or calls initiated) were	4,821	768	5,589
Percent of total of surveys attempted (%adult / % child)	86.3%	13.7%	100%
b. Number of survey Contacts made (surveys to valid phone numbers or addresses)	1,567	497	2,064
Phone: Interview by professional interviewers by Phone ... N =	571	203	774
Mail: Self-Administered by consumer and returned by Mail ... N =	178	32	210
c. Number of surveys completed (survey forms returned or calls completed)	749	235	984
Percent of total of surveys completed (%adult / % child)	76.1%	23.9%	100%
d. response rate (number of Completed surveys divided by number of Contacts)	47.8%	47.3%	47.7%

NOTE: The "blank" surveys received back from consumers (surveys with no responses on them), were not counted as "completed" for the calculation of response rates.

The adult and youth consumer survey instruments used were as posted on the www.mhsip.org ...MHSIP Adult Survey and the MHSIP Youth Services Survey.

Bob Bussard in the NE Division of Behavioral Health Services prepared the sample used for the survey, using Magellan Behavioral Health data (4/21/2005).

The staff under Larry Andelt at HHS-Regulation & Licensure, Public Health Assurance, Data Management / BRFSS did the actual data collection work. This year a combination of phone and mail surveys were used (April 2005 to October 2005).

The data analysis was completed by Paula Hartig in HHSS - Finance & Support, Research and Performance Measurement (October 2005).

The Federal Mental Health Data Infrastructure Grant paid for the work (\$28,763).

Nebraska Medicaid Expenditures for MRO and ASA - Claims Paid October 2005

	Net Amount Paid	Total Units	Average # of Days Receipt of Claim to Payment
MRO			
Community Support	\$2,466	137 months	12.7
Day Rehab	\$376,301	11,683 days	10.9
Residential Rehab	\$348,971	3,510 days	8.2
Assertive Community Treatment	\$150,085	3,797 days	11.0
Subtotal	\$877,823		10.3
Adult Substance Abuse			
Alcohol/Drug Assessment	\$2,462	77 assessments	15.5
Community Support	\$7,862	39 days	15.1
Detox	\$2,673	45 days	16.0
Family Therapy	\$0	0 hours	N/A
Group Therapy	\$3,233	400 hours	23.7
Individual Therapy	\$5,838	269 hours	23.0
Intensive Outpatient	\$2,631	187 hours	15.9
Long-Term Residential	\$3,810	31 days	14.0
Short-Term Residential	\$79,765	543 days	15.2
Subtotal	\$108,274		19.0
Total	\$986,097		12.5
November 18, 2005	HHSS Division of Behavioral Health Services		26

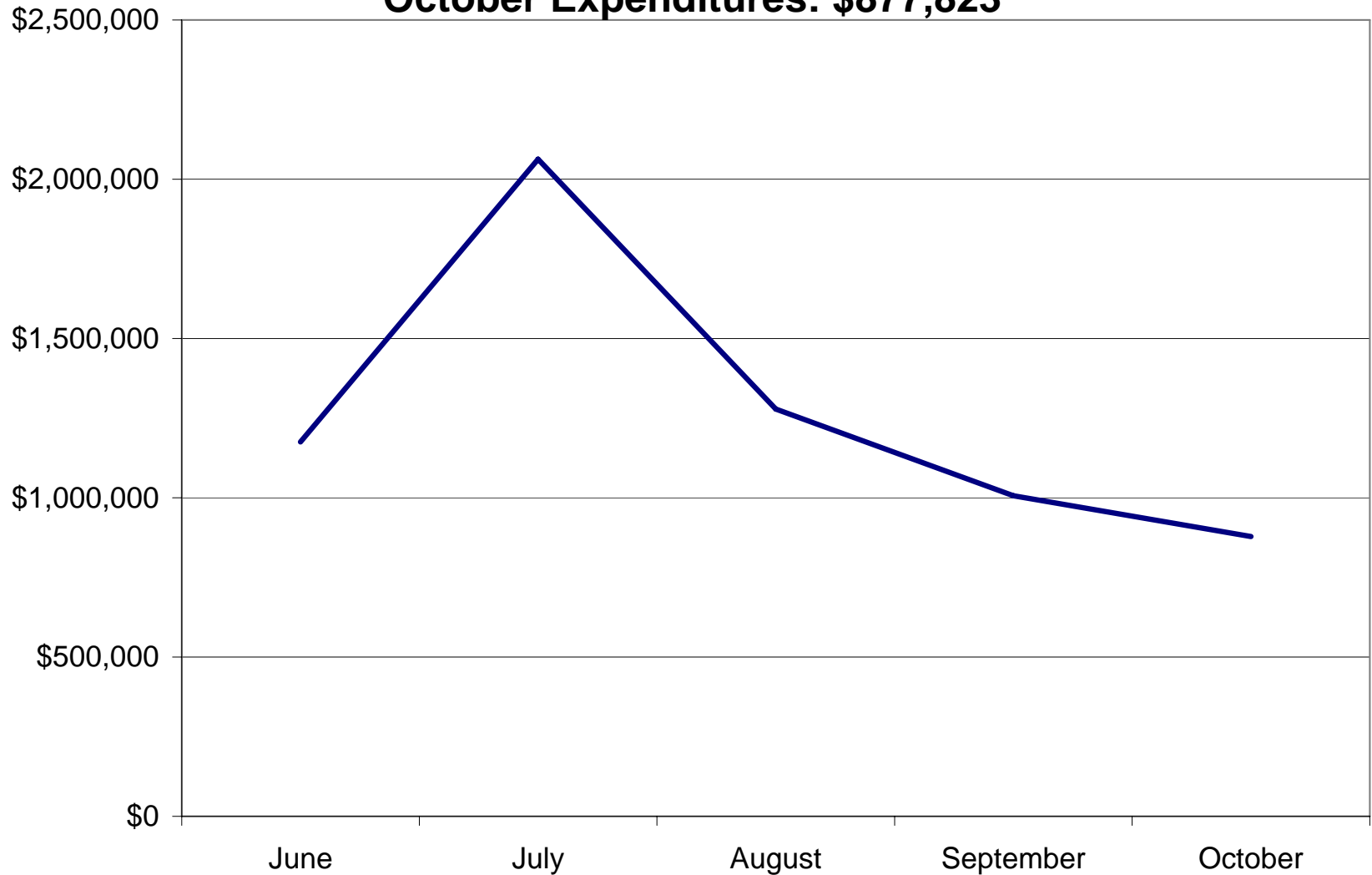
Nebraska Medicaid Expenditures for MRO and ASA - Claims Paid October 2005 By Region

	Region						
	1	2	3	4	5	6	Total
MRO							
Assertive Community Treatment	\$0	\$0	\$75,427	\$0	\$0	\$74,658	\$150,085
Community Support	\$1,961	\$0	\$505	\$0	\$0	\$0	\$2,466
Day Rehab	\$32,330	\$18,613	\$62,715	\$80,144	\$41,471	\$141,028	\$376,301
Residential Rehab	\$0	\$0	\$23,916	\$42,451	\$35,874	\$246,730	\$348,971
Subtotal	\$34,291	\$18,613	\$162,563	\$122,595	\$77,345	\$462,416	\$877,823
Adult Substance Abuse							
Alcohol/Drug Assessment	\$169	\$371	\$169	\$0	\$506	\$1,246	\$2,462
Community Support	\$822	\$2,692	\$1,449	\$828	\$1,864	\$207	\$7,862
Detox	\$0	\$0	\$0	\$309	\$2,364	\$0	\$2,673
Family Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Group Therapy	\$997	\$287	\$519	\$0	\$317	\$1,112	\$3,233
Individual Therapy	\$1,238	\$928	\$413		\$463	\$2,796	\$5,838
Intensive Outpatient	\$0	\$0	\$0	\$0	\$1,754	\$877	\$2,631
Long-Term Residential	\$0	\$0	\$0	\$0	\$3,810	\$0	\$3,810
Short-Term Residential	\$5,966	\$0	\$0	\$13,121	\$23,093	\$37,585	\$79,765
Subtotal	\$9,193	\$4,278	\$2,550	\$14,258	\$34,172	\$43,823	\$108,274
Total	\$43,483	\$22,891	\$165,113	\$136,854	\$111,516	\$506,240	\$986,097

Nebraska Medicaid Expenditures for MRO

Claims Paid March 2005 - October 2005

October Expenditures: \$877,823



*September includes payments through October 3

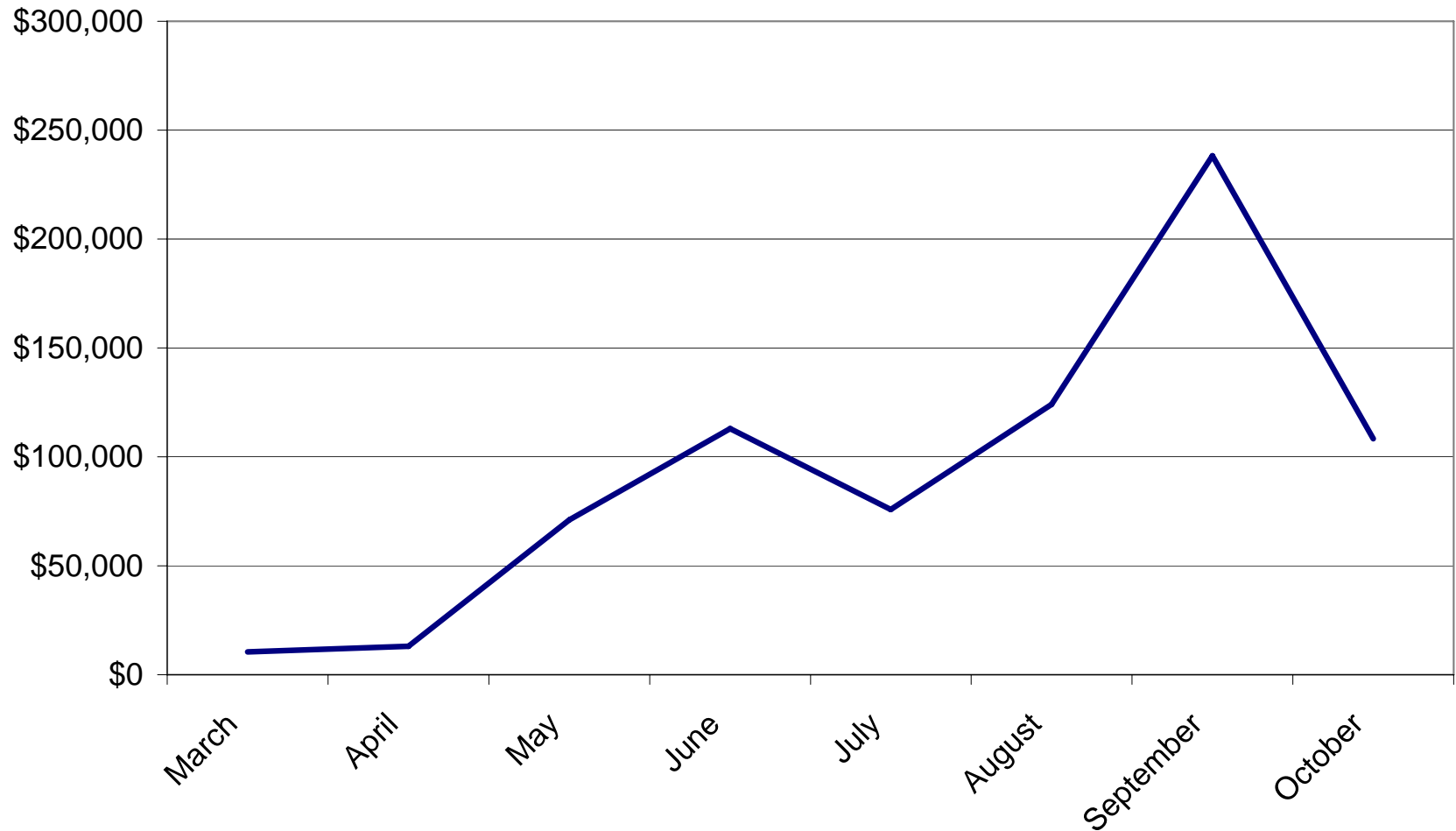
November 18, 2005

HHSS Division of Behavioral Health Services

Nebraska Medicaid Expenditures for Adult Substance Abuse

Claims Paid March 2005 - October 2005

October Expenditures: \$108,274

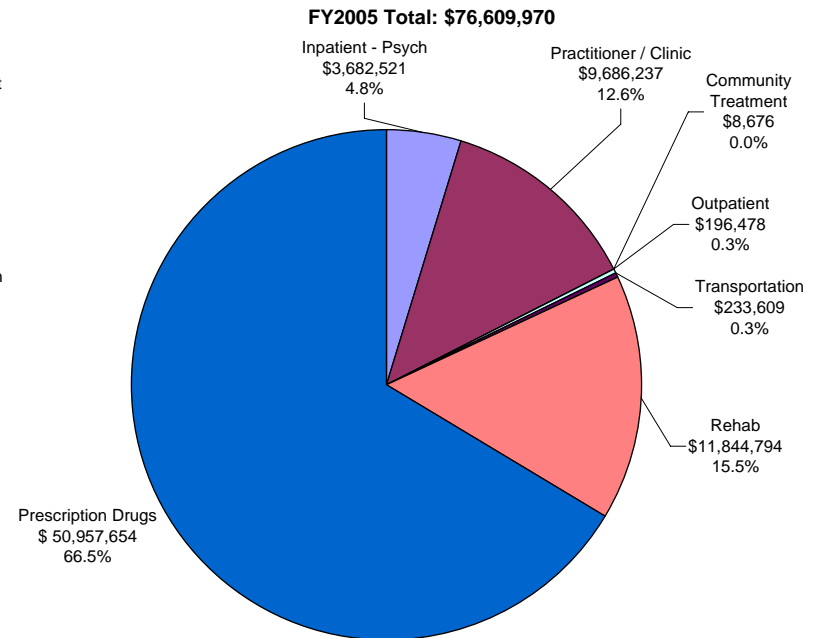
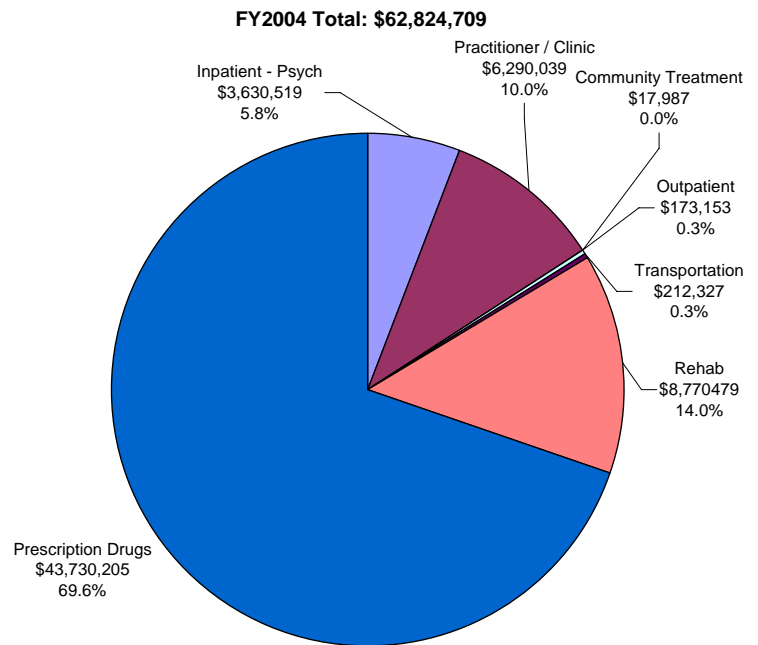


*September includes payments through October 3

November 18, 2005

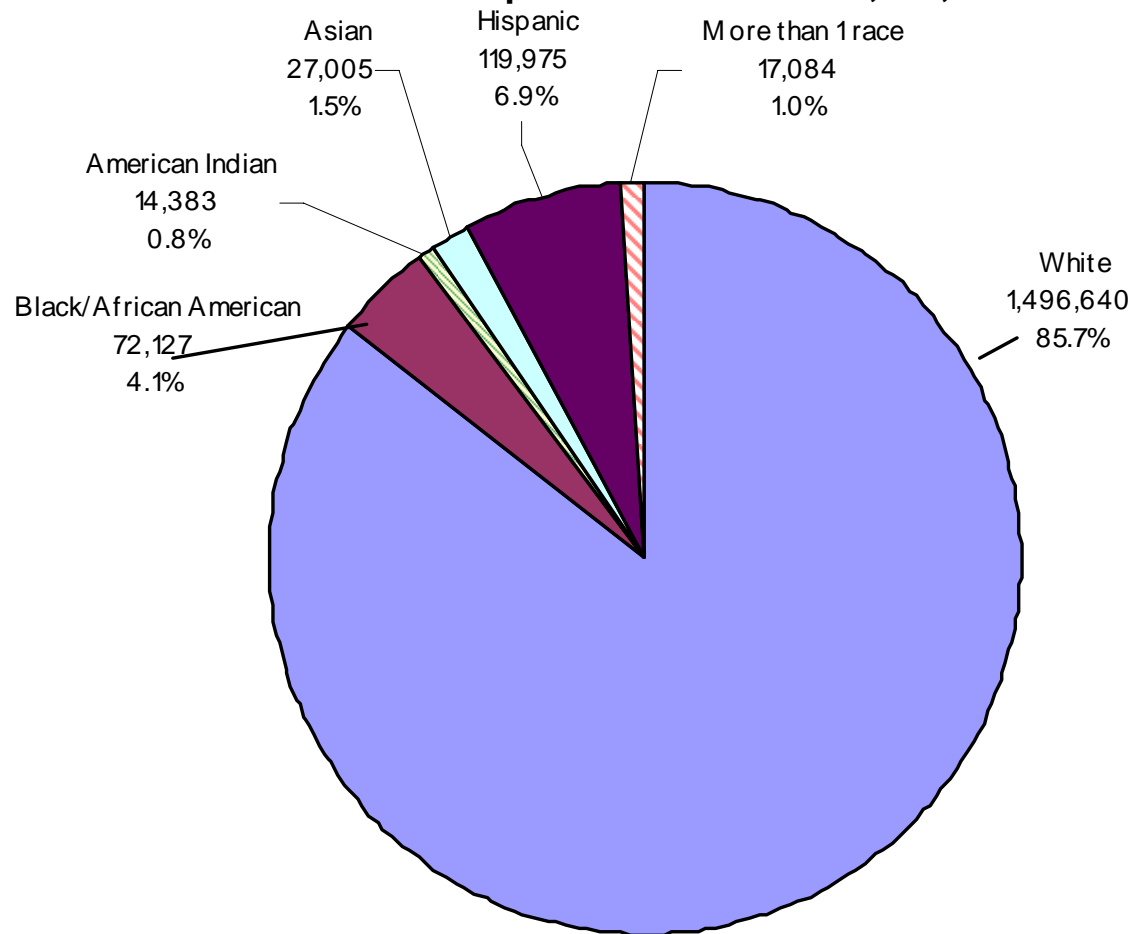
HHSS Division of Behavioral Health Services

**Nebraska Medicaid Expenditures for MH/SA Services by Service Category - State Fiscal Year 2004 & 2005 - Adults
NON-ADC Adults (Age21-64)**



2004 Census Population Estimate: Nebraska Population by Race

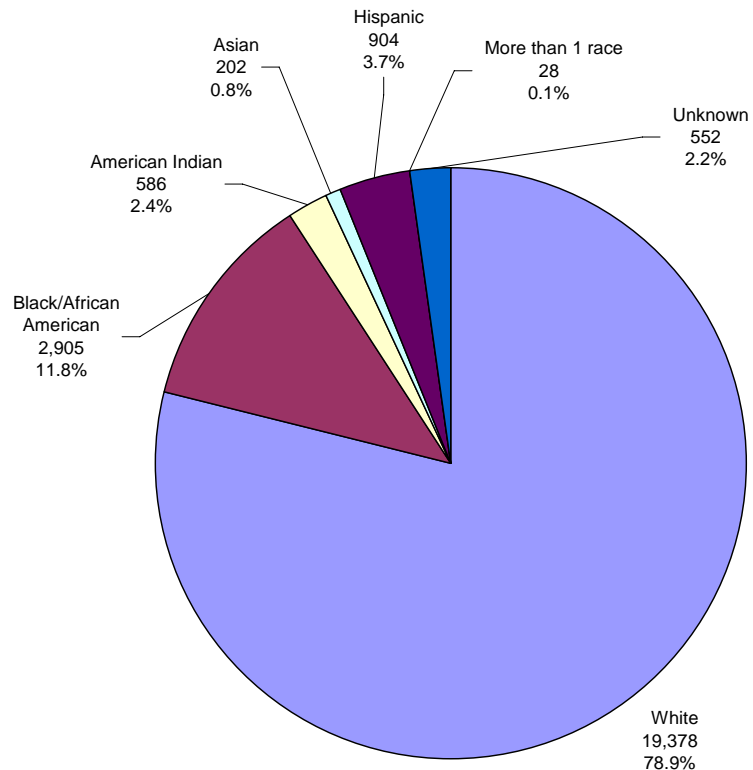
Total Population Estimate: 1,747,214



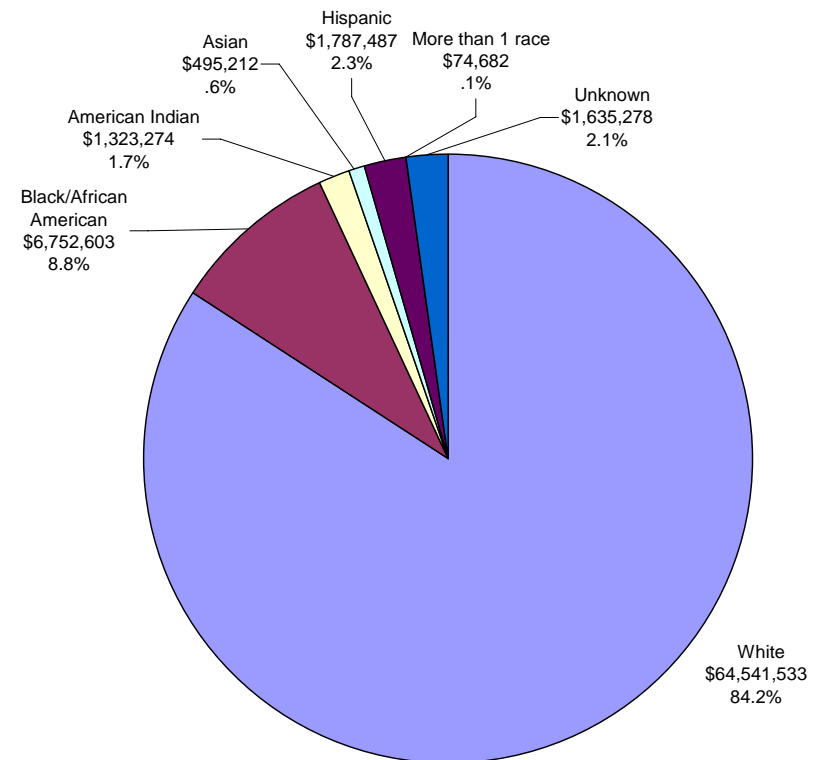
Source: U.S. Bureau of the Census , Population Estimate Program, Released August 11, 2005

Nebraska Medicaid Eligibles and Expenditures for MH/SA Services by Race - State Fiscal Year 2005 - Adults NON-ADC Adults (Age21-64)

FY2005 Total NON-ADC Adult Eligibles: 24,555

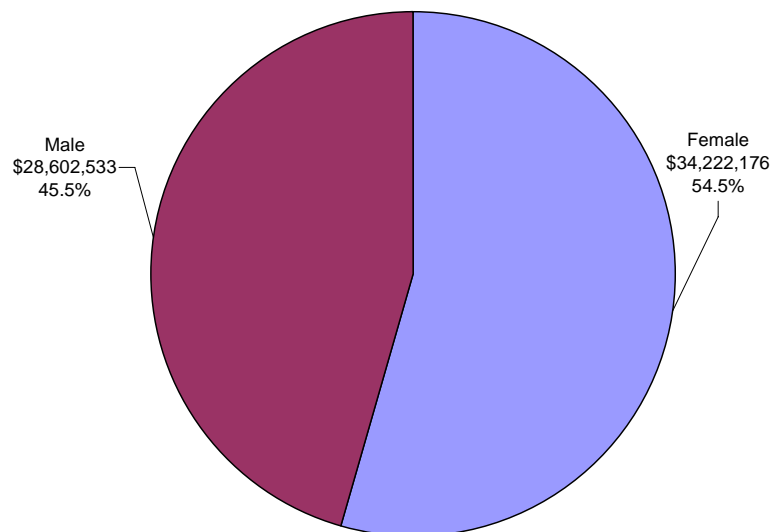


FY2005 Total: \$76,609,970

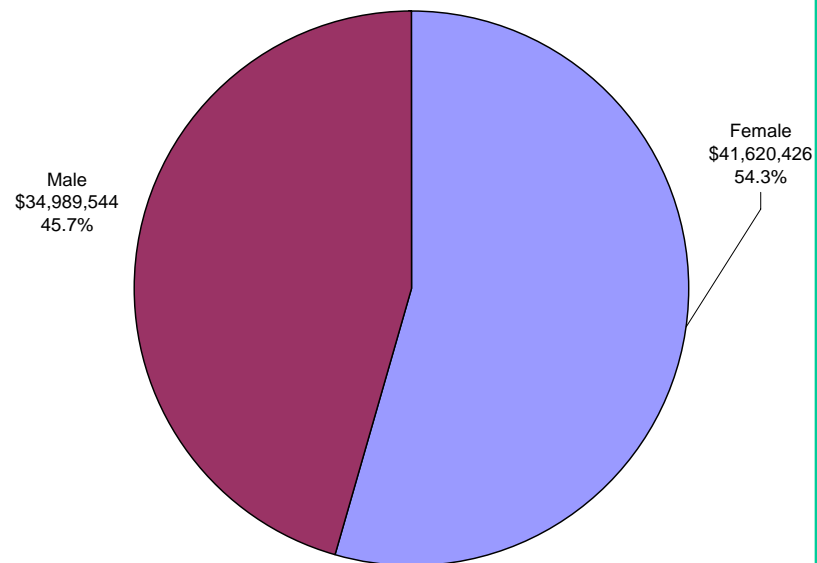


**Nebraska Medicaid Expenditures for MH/SA Services by Gender - State Fiscal Year 2004 & 2005 - Adults
NON-ADC Adults (Age21-64)**

FY2004 Total: \$62,824,709



FY2005 Total: \$76,609,970

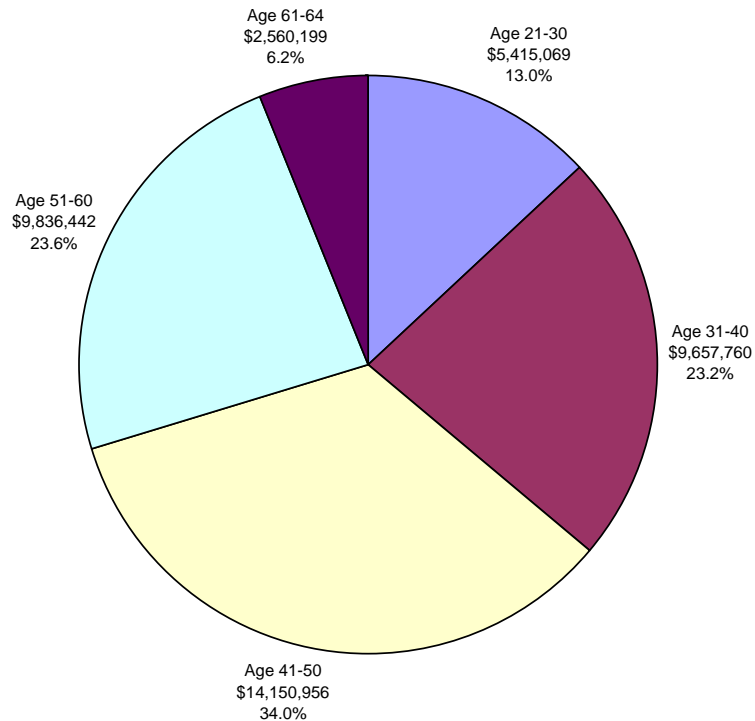


Nebraska Medicaid Expenditures for MH/SA Services by Gender by Age Group - State Fiscal Year 2005

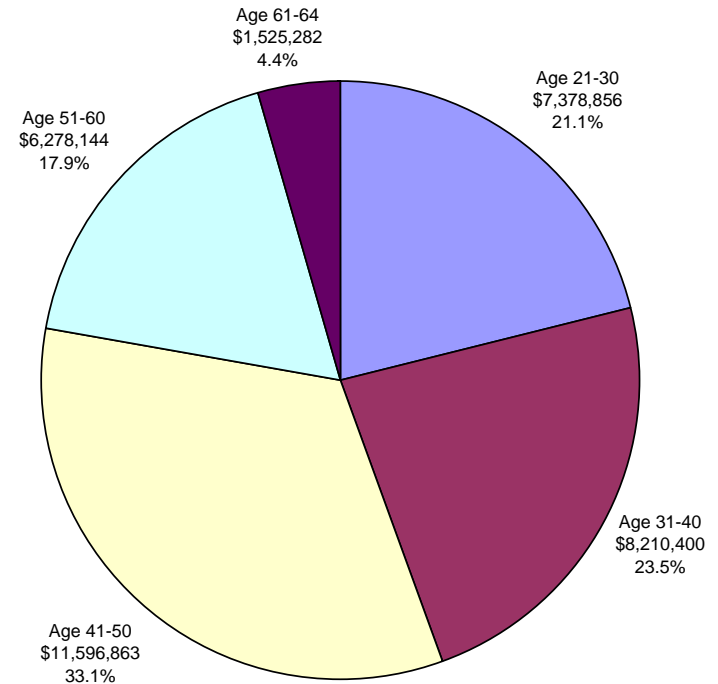
NON - ADC Adults (Ages 21-64)

FY05 \$76,609,970

Female by Age Group - \$41,620,426



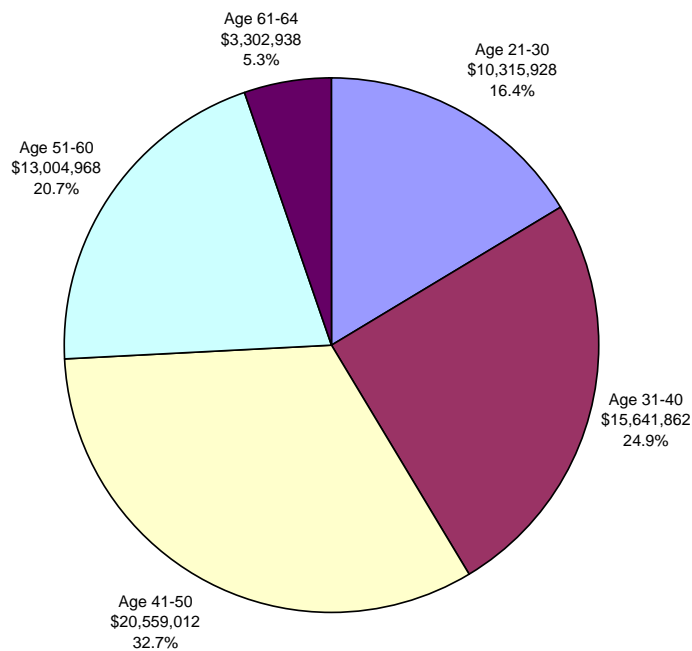
Male by Age Group - \$34,989,544



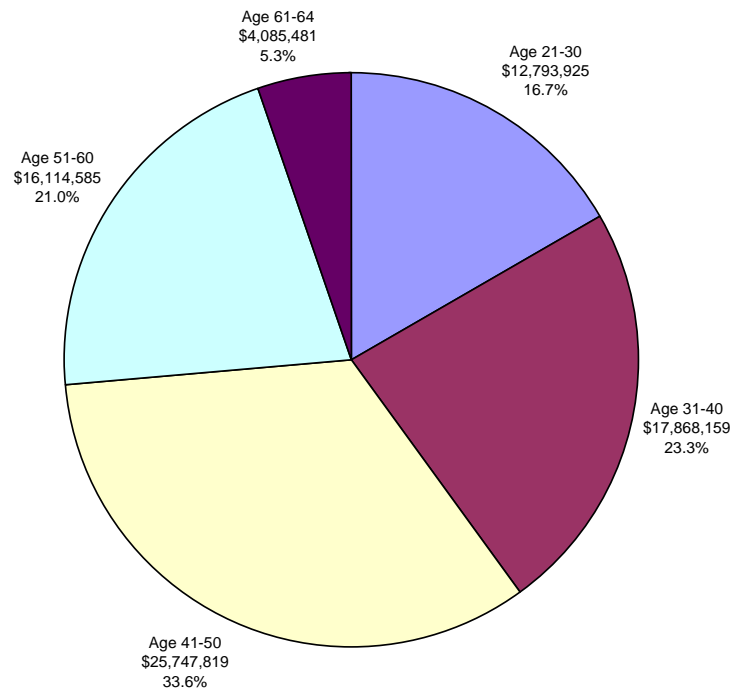
Nebraska Medicaid Expenditures for MH/SA Services by Age Group - State Fiscal Year 2004 & 2005

NON - ADC Adults (Ages 21-64)

FY2004: \$62,824,709



FY2005: \$76,609,970



Consumer Involvement

The state's current consumer activities include:

- Funding for Peer Support Specialists in Day Support and ACT teams
- Inclusion of consumers on planning and advisory committees and focus groups
- Regional development of plans for involvement of consumers at the local level
- Contracting with Nebraska consumer and advocacy organizations, (NAMI, MHA, Partners in Recovery)
- Sponsors state consumer conference for approximately eighty consumers with priority given to consumers who have not attended a conference

Transition to Recovery Develop Planning Process

- Consumer-driven
- Person-centered
- Holistic
- Promotes concept of recovery within an integrated framework
- Appreciates cost-effectiveness
- Works toward measurable goals within specific time frames

Transition to Recovery

The President's New Freedom
Commission on Mental Health, July 2003:

- Establishes federal template for behavioral health transformation
- Details recovery in Goals 1,2 and 5

Goal 1

Americans Understand that Mental Health is Essential to Overall Health.

- Reduce stigma
- Promote early recognition and intervention
- Promote parity and collaboration
- Integrate treatment approaches
- Exchange training with primary care providers

Goal 2

Mental Health Care is Consumer and Family Driven.

- Consumers/Families participate in all aspects of health care planning and delivery, from individual life plans to systems planning

Goal 2, continued

- Educate providers to expect recovery as an achievable outcome, thereby *creating* rather than *dispelling* hope
- Define recovery as independent, integrated community life – not successful dependence in the established mental health system
- Protect and enhance the rights and freedoms of persons with mental illnesses

Goal 2, continued

- Educate providers to partner with consumers/families in all aspects of evaluation, treatment and communication (“Don’t talk about us without us”)

Goal 2, continued

Educate providers to:

- Perform truly strength-based assessment and planning
- Incorporate peer practices
- Allow choice
- Accommodate failure

Goal 2, continued

Promote and develop peer services as best practices.

Examples:

- WRAP Training
- Peer Support/Counseling Services
- Trauma-Informed Peer Crisis Response
- Peer Mentoring

Goal 5

Excellent Mental Health Care is Delivered and Research is Accelerated.

- Data is collected to demonstrate effective outcomes and fiscal responsibility
- Data is collected to observe trends, gaps in service and opportunities for improved practice

Goal 5, continued

- Through education, promote a behavioral health workforce that has the necessary skills and confidence to prevent and de-escalate violence, thereby diminishing and ultimately eliminating the need for seclusion and restraints
- Coercion Free Nebraska Initiative - Winter Statewide Leadership Mini-Conference, December 9